PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/501,135 | | | ing Date 13/2004 | To be Mailed | |
|--|--|---|---|---|--------------|---|---|--|------------------------|-------------------------------|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | | HER THAN ALL ENTITY | |
| FOR | | | UMBER FILED | | NUMBER EXTRA | | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | | N/A | | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | | | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(a), (p), | E or (q)) | N/A | | N/A | | | N/A | | | N/A | | |
| TO (37 | FAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | П | x \$ = 1 | | OR | x s = | | |
| INE (37 | EPENDENT CLAIM CFR 1.16(h)) | IS | minus 3 = | | • | | | x \$ = | | 1 | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addi | If the specification and dr sheets of paper, the appl is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) an | | | plication size fee due entity) for each fraction thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | 1 | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | | 1 | TOTAL | | |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY | | | | | | | | | | OTHER THAN OR SMALL ENTITY | | | |
| AMENDMENT | 07/07/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.18()) | * 8 | Minus | ~ 20 | | | П | x \$ = | | OR | x s = | | |
| | Independent (37 CFR 1.16(h)) | • 3 | Minus | 3 | | = | П | x \$ = | | OR | x s = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| ^ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16(i)) | | Minus | | | = | П | x \$ = | | OR | x s = | | |
| | Independent (37 CFR 1/16(h)) | | Minus | * | | | П | x \$ = | | OR | x s = | | |
| Ш | Application Size Fee (37 CFR 1.16(s)) | | | | | | П | | |] | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Hichest Number Previously Paid For" [Cotal or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

has collection of information is origined by 37 CFR 1,10. The information is required to obtain or retain a benefit by the public which is in the final representation of the process and any potential of the process and any potential or Confederation (FR 1, 10. The obtained is extended in section of the process and any potential or completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations for reducing this burdon, about the sent to the Child referendation (Frieducing Confederation Confederat Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.